



Provider Vaccine Inventory

VFC PIN

All State Supplied Vaccines

Date Submitted	Clinic Name	Phone with Area Code
Person Completing Report		Nursing Director Signature

Vaccine Type	Manufacturer	Lot Number	Expiration Date	Number of Doses	Grand Total
DT					
DTaP					
DTaP-Hep B-IPV					
DTaP-HIB-IPV					
DTaP-HIB					
DTaP-IPV					
IPV					
Hep A Pediatric					
Hep B Pediatric					
Hep B-HIB					

Date Submitted	VFC PIN	Clinic Name			
HIB					
HPV					
Meningococcal					
MMR					
MMRV					
Pneumococcal					
Rotavirus					
Td (≥ 7 yrs)					
Tdap					
Varicella					

Instructions

1. For each vaccine listed, allow one row for each lot number and fill in all information requested.
2. For each vaccine type, add the total number of doses together. List the resulting sum in the Grand Total column.
3. Make a photocopy for your records and submit form with your vaccine order by FAX to (801) 538-9322 or mail to the Utah VFC Program.